

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107019943** FILING DATE **07 JAN 2002**

APPLICANT(S)

Frascone

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/	/			52						
3			/	/			53						
4			/	/			54						
5			/	/			55						
6			/	/			56						
7			/	/			57						
8			/	/			58						
9			/	/			59						
10			/	/			60						
11			/	/			61						
12			/	/			62						
13			/	/			63						
14			/	/			64						
15			/	/			65						
16			/	/			66						
17			/	/			67						
18			/	/			68						
19			/	/			69						
20			/	/			70						
21			/	/			71						
22			/	/			72						
23			/	/			73						
24			/	/			74						
25			/	/			75						
26			/	/			76						
27			/	/			77						
28			/	/			78						
29			/	/			79						
30			/	/			80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						